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Naples

I recently decided to cancel my health insurance for the interim, not for the long term. I'm a home health provider and earlier this year I purchased Anthem health insurance through CoverME.gov.

One of the reasons I decided to drop my insurance coverage is that I have been receiving bills from CMMC for services that should be covered under my insurance plan. What I have learned is that if talk about any health problems off the cuff during your annual preventative visit, you're going to be billed extra. Other people have told me that they are just not telling their doctors or communicating about other health issues because they can't afford additional bills.

When you go in there, you don't talk to your doctor too frankly because you end up paying for something that really is preventative care. That's what was happening to me and it didn't happen once. It happened multiple times. I have gone into my doctor for a sick visit or preventative visit and have paid the copay at the window because I receive a 20% discount if I pay at my visit immediately. I pay it at the window to get that discount and then I get a bill anyways because it's being coded for something different from what I'm told at the doctor's visit.

When I started to look at it through all the smoke and mirrors, I realized that I was paying so much in premiums and copays and I still have to constantly battle my insurance company and doctors over billing codes and whether visits are covered. I have to spend one or two days on the phone arguing, dealing with and trying to straighten out the charges. I don't have the time to be on my phone all day. I'm a home health care provider. I'm not home all day. To try to deal with these bills, I have to scramble and reorganize my schedule. Who has time for that? Often times, the billing department isn't local and at times can come across as rude or crass.

There were a lot of errors on my billing with CMMC with a recent mammogram I had. I'm considered high-risk for breast cancer and tests are important yet they were denied as not covered under my plan. Even the billing person I talked to at CMMC noticed that a mammogram should be covered. So I had my mammogram done and I was charged for it. I needed to have an ultrasound as well.

Also, when I went in for my preventative visit, my doctor asked me how I was and I told him I was having back pain again but that I'm just working through it. He offered to do a referral for PT and I said no thanks. I found out later that he turned around and put in the referral anyway. As a result, I was charged for an office visit for discussing things outside my preventative visit and because he put it in referral. This has happened more than once.

As a result of all this, I've decided to drop my Anthem coverage. I'm now going to a direct primary care practice where I pay a fraction of the price. When the CoverME.gov marketplace opens up, I plan on getting the lowest tier plan on the totem pole. This way, I won't have to pay back tax credits at the end of the year if I work extra. What I'm

paying for direct primary care is less than some gym memberships. I was kind of scared to drop Anthem because I worry that as soon as I drop my insurance, something will happen.

Sadly, health care is a business. My impression is that people are aware that medical care is not about health care first and is more about profit first. My impression is that if you have the money, you get the best care and you don't need to worry about your doctor trying to make money for the practice. However, middle class, working class and lower income people can't do that. Honestly, it's not right. I'm going in there for preventative care, keeping my appointments and not canceling, not doing a no show, paying copays at the window to just turn around and receive a bill later on.